

1746
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FACSIMILE TRANSMITTAL SHEET

TO:	Technology Center 1746	FROM:	Tracy M. Heims
COMPANY:	U.S. Patent & Trademark Office	DATE:	6/16/2004
FAX NUMBER:	(703) 872-9306	TOTAL NO. OF PAGES INCLUDING COVER:	5
PHONE NUMBER:	(571) 272-1296	SENDER'S REFERENCE NUMBER:	001-03-0-35
RE:	Election/Restriction Requirement	YOUR REFERENCE NUMBER:	SN: 09/779,696 Filing Date: 02/09/2001

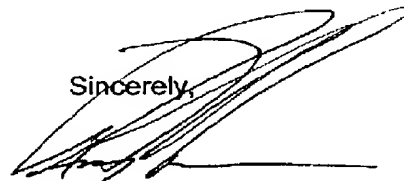
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First Named Inventor: Takaya Sato
Title: Electrode Structure, Battery and Electrical Double-Layer Capacitor and
Method of Manufacturing Same

Please direct any questions concerning this application to Tracy M Heims at the
phone number listed above.

Sincerely,



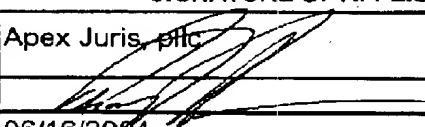
Tracy M Heims


PTO/SB/21 (01-03)

Approved for use through 04/30/2003. OMB 0651-0031
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/779,696	
	Filing Date	02/09/2001	
	First Named Inventor	Takaya Sato	
	Art Unit	1746	
	Examiner Name	Bruce F. Bell	
Total Number of Pages In This Submission	4	Attorney Docket Number	001-03-035

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks <i>Election/Restriction, Petition to Convert attorney docket number and to assign application to current attorney customer number.</i>		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual	Apex Juris, PLLC	
Signature		
Date	06/16/2004	

CERTIFICATE OF TRANSMISSION/MAILING		
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Typed or printed	Tracy M Heims	
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